

Manitoba Medical Association

(Canadian Medical Association, Manitoba Division)

Annual Reports of Committees

September 1943

Report of Executive Committee

*To the President and Executive of
The Manitoba Medical Association:*

Your Executive Committee begs to submit the following report for the year 1942-1943:

Six meetings of the Executive were held during the year, besides a number of special meetings. Many problems of major importance came up for consideration, the chief one being National Contributory Health Insurance.

National Contributory Health Insurance:

Until Parliament prorogued we were never sure that some form of Health Insurance Bill would not be introduced into the House. Early in the New Year a special committee of the House of Commons was appointed to study Social Security and receive representations from various groups. This committee received evidence for some four months, reporting their findings to Parliament shortly before prorogation.

The material collected by this committee has been printed in 29 pamphlets under the heading "Social Security—Minutes of Proceedings and Evidence." A fair amount of the material contained in these pamphlets has appeared in the monthly issues of The Manitoba Medical Review. The complete series is on file in the office and is well worth reading.

The Canadian Medical Association made a timely and strong presentation before the Committee on Social Security on April 6th, 1943. Throughout the year the Executive of the C.M.A. kept in close contact with each new development upon Health Insurance.

On January 18-19th, 1943, a special meeting of General Council of the C.M.A. was held in Ottawa. Of the 73 members who attended from the nine provinces five were from Manitoba. Two full days were spent in discussing the provisions of the tentative draft of a proposed Bill upon Health Insurance. The council unanimously passed the following resolutions:—

1. *The C.M.A. approves the adoption of the principle of Health Insurance.*
2. *The C.M.A. favors a plan of Health Insurance which will secure the development and provision of the highest standard of health services, preventative and curative, if such plan be fair both to the insured and to all those rendering the services.*

Dr. Archer, the President of the C.M.A., in the past year has spent many weary months in Ottawa devoting his entire time to the ever-changing problems of the Association and Health Insurance. When the history of the C.M.A. is brought up to date the name of Dr. Archer will assume the proportions of a Churchill.

It behoves every medical man to inform himself fully of the provisions of the proposed Health Insurance Act. With complete knowledge of the Act the next step is to join the Association, presenting a united front to a system that will revolutionize medical practice in the future.

Your Executive has devoted considerable time and thought to Health Insurance during the year. However, we feel the profession must show an increased interest in the relationship between the public and itself. It would appear that an alert united profession can face with equanimity changing social legislation.

Amongst other items dealt with, the following deserve special mention:

Canadian Medical Procurement and Assignment Board:

Under the capable leadership of Dr. F. G. McGuinness this committee has performed a difficult task exceedingly well. To protect the members of the University Teaching Staff without undue impairment of efficiency, to prevent rural areas from too sparse a medical coverage and yet to provide sufficient medical men for an expanding military medical service was no mean feat. In addition to all this, a spirit of *entente cordiale* prevails between the heads of the C.M.P.A.B. and the senior provincial medical officers of the Navy, Army and Air Force. During the year a medical survey was made in Manitoba. A senior officer on loan from the R.C.A.F. assisted Dr. McGuinness in the undertaking. On file in the office of the M.M.A. is a complete record of urban and rural medical personnel. The survey is completed to show the number of medical men practicing in each electoral division and also in each municipality. This information is graphically presented in maps done in color. A perusal of the latter would be well worth the time spent by any member interested in the distribution of medical personnel to the population of Manitoba. The survey is an outstanding piece of work and great credit is due to Dr. McGuinness and his Committee.

Medical Fees:

With the possibility of the introduction of a National Health scheme in the near future, it seemed feasible this year to make a scrutiny of the present medical fee situation, with the object ultimately of establishing such fees on a uniform basis.

A beginning towards this goal had already been made but not in any case with 100% results. In regard to the Regional Dependents' Advisory Board, dissatisfaction had been frequently expressed over fees for medical services to dependents of men in the armed services.

The Workmen's Compensation Board had also a fee schedule but here application is largely to traumatic surgery. In the City of Winnipeg the fees granted to medical men for services to those registered for unemployment relief were not looked upon as normal fees for medical service but rather out-of-pocket expenses to cover an abnormal situation.

It, therefore, seemed expedient for the Association to prepare a standard list of fees that would be fair and reasonable alike to patient and doctor. With this in mind, various sections of the Association were asked by your Executive to meet, prepare a fee schedule, pass upon the same as a group and finally return the schedule to the Association. The following sections have worked out fee schedules which they consider fair and reasonable—Surgical—Internists—Obstetrics and Gynaecology—Pediatrics—Eye, Ear, Nose and Throat—General Practitioners—Anesthesia—Radiology. At a meeting of the Executive of the M.M.A. on May 10th, 1943, all the schedules as submitted by the various sections of the Association were approved. All schedules are on file in the central office. It is well to note that these schedules are neither "the ceiling" nor "the cellar," but rather a "middle of the road" fee structure, based upon two conditions: (a) medical services in 1943; (b) the price fabric prevailing in 1943.

Regional Dependents' Advisory Board:

The Dominion Government has set up a board to assist the dependents of soldiers who are unable to budget necessary living expenses. A large portion of financial assistance from

this board goes to soldiers' dependents for medical fees. Considerable dissatisfaction has been expressed at times by medical men over the lack of uniformity of medical fees allowed by the board for medical services. Your Executive, at the request of the R.D.A.B., arranged a joint meeting to attempt to reach a solution of certain problems that worried the R.D.A.B. and the profession. The meeting adjourned without reaching an agreement upon fees for medical services but both parties felt the gathering had been of value in the interchange of respective points of view upon a common problem. Rather than have a fee schedule in each province for the R.D.A.B., with probable provincial variations, an attempt has been made to have the central R.D.A.B. in Ottawa prepare a scale of fees to apply to the whole Dominion. At the present moment the fee schedule for medical services is similar to the one used by the Department of Pensions and National Health.

Report on Nursing Services During the Present Emergency:

The Executive spent nearly an entire evening upon eighteen items concerned with the problems allied to Nursing. Although the Executive was not in accord with the conclusions reached in all the items, a sympathetic interest was expressed in the difficulties experienced by a sister profession in a time of worldwide upheaval.

Nursing Training Schools:

Your Executive was asked to suggest improvements in the present curriculum of Training Schools for Nurses. To this end, Dr. Ross Mitchell and a named committee are bringing in a report to this Executive well before the next session of the Mani-

toba Legislature.

Change of Office:

In June of this year the office was moved from 105 to 510 Medical Arts. The Winnipeg Medical Society has moved with us, sharing a portion of the expenses. The move was necessitated by the greatly increased activity of the Association with such newer activities as the C.M.P.A.B. and N.C.H.I. At times during the past year the strain upon the secretarial staff was very heavy. Mrs. Hewitt, in charge of the Medical Arts Business Bureau, was most sympathetic and helpful at all times. The Association regrets that the demands for increased space made it necessary to leave its home for many years.

Gasoline Rationing and Income Tax:

Letters are on file from members expressing dissatisfaction with the quota of gasoline allowed, it being considered quite insufficient for professional requirements.

A number of letters have come in from medical men complaining of insufficient deductions allowed on assessed income. As income taxes are high, deductions assume a major importance.

As both gasoline rationing and income taxes are the field of the Dominion Government, your Executive has referred these complaints to the C.M.A. The secretary of the latter body has taken these subjects up with the proper authorities at Ottawa.

To all members of the Executive we wish to express our appreciation for their expenditure of time and energy on behalf of the profession.

F. K. Purdie, President.

D. L. Scott, Secretary.

STATEMENT OF REVENUE & DISBURSEMENTS

January 1st to August 31st, 1943

REVENUE

By Fees collected to date:

345 members at \$7.00 each	
1 member at \$10.00 (1942)	\$2,417.00
(less 1 C.M.A. Fee received in 1942 not remitted until 1943)	

By C.M.A. Fees collected, 345 members
(funds remitted to Toronto)

By Interest on Bonds 186.65

DISBURSEMENTS

To Bank Charges, Exchange, etc. to date	10.17
To Advance Expenses paid for	

Annual Meeting	15.54
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To General Expenses:

Telephone	59.50
Winnipeg Medical Society—	

Overseas Fund	100.00
E. S. Fjeldsted—	

Gold Medal and Tax	36.88
Laird, Sprague & Co.,	

Auditors	75.00
Crawford Salvage—	

Office Furniture	42.25
Derrett Sign Co.—	

Lettering Office Doors	19.20
Wreaths, Bond, etc.	60.69

To Postage and Stationery	393.52
To Rent	177.05

To Salaries:	184.00
Medical Business Bureau	600.00

H. M. Brown	259.51
Dr. W. E. R. Coad	450.00

To Travelling Expenses	1,309.51
	575.55

Excess of Expenditures over Revenue to Aug. 31, 1943	2,665.34
	2,603.65

	61.69
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COMMITTEE ON SOCIOLOGY

January 1st to August 31st, 1943

Balance in Bank of Montreal as at Dec. 31st, 1942 \$437.70

REVENUE

By 5% deductions made from Relief Accounts paid
to Doctors and received by Sociology Committee,
as follows:

Municipality of East Kildonan	28.95
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Municipality of Fort Garry	3.97
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City of St. Boniface	3.07
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Municipality of St. James	6.30
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Municipality of St. Vital	5.27
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Municipality of West Kildonan	17.20
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City of Winnipeg	113.54
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Refund from M.M.A.	31.72
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Interest on 1941 Victory Bond (coupons not clipped)	(40.00)
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EXPENSES

NIL

Balance in Bank of Montreal as at Sept. 1st, 1943 \$647.72

Report of Committee on Economics

*To the President and Executive of
The Manitoba Medical Association:*

The Committee on Economics begs to report as follows:

The Fire Fighters Medical Service has entered on its fourth year of operation. For the first time there was a surplus at the end of the third year, after paying medical and administrative costs. The Fire Fighters Club holds a sum in reserve, a special assessment having been made amongst its members, to meet the administrative costs, should the medical services exhaust the revenue. All accounts are placed before and approved by a board appointed by the Executive of the Manitoba Medical Association. Subjoined is a statistical report.

National Health Insurance is a very important subject in Medical circles at present. No member of the Committee on Economics was appointed to attend the council meeting of the

Canadian Medical Association when this subject was discussed. The Committee on Economics has been studying this subject for ten years, has set up, and operated successfully, two schemes for bulk medical services, namely the relief scheme on which at one time there were over 35,000 receiving medical care, and the Fire Fighters Medical Service; it has also supplied a great deal of information based on its experiences to organizations in Canada and the U.S.A.

The Committee on Economics was instructed by the Executive of the Manitoba Medical Association to negotiate with the Soldiers Dependents Regional Board for an equitable scale of fees where services are provided by private practitioners. The Committee, which included the vice-president and the secretary of the Manitoba Medical Association met representatives of the Board, and a scale was prepared by the Committee and accepted by the Board. All practicing physicians received a circular describing the terms, and making it clear that Ottawa would not enter into a contract, committing it to a scale of fees; therefore the only official copy was that submitted to the Regional Board, to which all physicians could refer. The Committee was given to understand that the Executive of the Manitoba Medical Association repudiated the agreement. It is not known what further steps were taken.

The Committee on Economics prepared and submitted to a meeting of the profession a plan for a general medical service, on a co-operative non-profit basis similar to the Fire Fighters Medical Service. That meeting was held in December, 1941, and, subject to two modifications, was accepted. The Manitoba Medical Association then appointed a provisional board to work out the details and set up an administration. It is unfortunate that the plan has not come into operation, especially in view of the possibility of National Health Insurance. Our plan if in operation would have shown the difficulties which will be many, and how best they can be surmounted.

Respectfully submitted.

E. S. Moorhead, Chairman

COMPARATIVE FIGURES ON FIREFIGHTERS' MEDICAL SERVICES

TABLE I.

The totals are based on a per thousand per annum rate.

	1st Year	2nd Year	3rd Year
Office consultations	1675	1941	1556
House visits	634	551	503
Hospital Visits (Major and Minor Operations not included)	445	437	288
Major operations	55	46	30
Minor operations	50	33	45
Tonsils and adenoids	18	15	18
Fractures	7	5	6
Maternity	14	21	12
Refractions	78	76	74
X-Ray (Diagnosis and Treatment)	36	60	60
Illnesses	936	935	876

TABLE II.

Percentages of total medical costs.

	1st Year	2nd Year	3rd Year
Major Surgery	38%	34%	23%
All Specialists	46%	42.8%	37%
X-Ray	5.7%	6.7%	8.6%
Dependents provide 52% of total revenue and cost	64%	65%	60%

TABLE III.

Major operations (Actual).

	1st Year	2nd Year	3rd Year
Gynaecology	8	1	4
Hernia	6	4	3
Appendicitis (Primary)	5	9	5
Thyroidectomy	4	1	0
Gastro-intestinal tract	2	5	0
Miscellaneous	6	7	6
Totals	31	27	18

Report of Editorial Board C.M.A. Journal

To the President and Executive of
The Manitoba Medical Association:

I have the honour to report as follows:

In the period from September 1942 to August 1943 the following Manitoba physicians contributed to the columns of the Canadian Medical Association Journal:

ABBOTT, Dr. W. F.
ADAMSON, Dr. J. D.
AIKENHEAD, Dr. D. C.
ALLISON, Dr. F. G.
BIGELOW, Dr. W. A.
GAMBLE, Dr. E.
HAY, Dr. A. W. S. (Lt.-Col.)
JACKSON, Dr. F. W.
McGUINNESS, Dr. F. G.
MATHEWSON, Dr. F. A. L. (Lt.-Col.)
MITCHELL, Dr. Ross.
REVELL, Dr. D. G.
ROSS, Dr. E. L.

In addition Manitoba Notes of general interest to the profession have appeared in each number of the C.M.A.J., and obituary notices of deceased Manitoba doctors, have been forwarded.

Respectfully submitted.

Ross Mitchell,

Chairman,
Editorial Committee.

Report of Committee on Archives

To the President and Executive of
The Manitoba Medical Association:

Your Committee on Archives begs to report as follows:

Through the kindness of Dr. Margaret Owen, two obstetrical instruments, formerly owned by Dr. Helen O'Brien of London, were presented to the Manitoba Medical Museum and are stored in the Winnipeg General Hospital. They are a blunt hook and crotchet and a cranioclast. Dr. O'Brien served under the Alberta Government in the Peace River District.

Respectfully submitted.

Ross Mitchell,

Chairman,
Committee on Archives.

Report on Historical Medicine and Necrology

To the President and Executive of
The Manitoba Medical Association:

Your Committee begs to report as follows:

The past year has brought its inevitable toll. The list of Manitoba physicians who have answered the last call is as follows:

Charles William Green, Winnipeg—Sept. 23, 1942.
Sara Meltzer, Winnipeg—Oct. 11, 1942.
Albert Henry Rondeau, Winnipeg—Dec. 11, 1942.
James Thomas Adam Clarke, Winnipeg—Jan. 23, 1943.
Frank M. Turner, Winnipeg—Jan. 24, 1943.
Thomas Alfred Martin Hughes, Winnipeg—Jan. 25, '43.
Robert L. Ross, Morris—Feb. 9, 1943.
Robert W. Knechtel, Winnipeg—March 29, 1943.
C. A. Lambert, St. Boniface—June 5, 1943.
Magnus B. Halldorson, Winnipeg—July 6, 1943.
Allan J. Davidson, Winnipeg—Aug. 13, 1943.
Maurice Ray Fargey, Bowsman River—Sept. 1, 1943.

Dr. Sara Meltzer was a brilliant teacher and pathologist, Lecturer in Pathology, University of Manitoba, and Associate Pathologist, Winnipeg General Hospital. Dr. Rondeau was a delightful after-dinner speaker. Dr. T. A. M. Hughes was a

veteran of the World War I., and Dr. Clarke a member of the Board of Directors of Victoria Hospital. Dr. Ross was for several years mayor of the town of Morris, where he practiced for 38 years. Dr. Allan Davidson was an enthusiastic photographer of more than usual merit.

To the relatives and friends we offer our deep sympathy.

Respectfully submitted,

Ross Mitchell,

Chairman,

Committee on Historical Medicine and Necrology.

Report of Public Health Committee

To the President and Executive of

The Manitoba Medical Association:

Despite the depletion of qualified public health personnel in the Province of Manitoba as a result of Canada's war activities, many significant advances have been made in the efforts of local and provincial health departments to improve the public health facilities in the Province during the year 1943. Both the City and Provincial Health Departments continue to implement the recommendations contained in the Buck reports on health conditions in the Province. The most significant of these, in so far as the City of Winnipeg is concerned, is the taking over of milk supervision for Greater Winnipeg by the City Health Department from Provincial authorities. Since the formation of milk control measures in Manitoba in 1935, the Provincial Department has assumed the responsibility of the supervision and control of all milk producers shipping milk into distribution plants in Greater Winnipeg. This year, however, arrangements were entered into between the City and the Province whereby the City now takes over this work under the direct supervision of the City Health Officer, Doctor Lougheed. We believe that this project should insure a higher standard of quality and safety in the milk now being used in Greater Winnipeg.

The City Health Department has also set up a Division of Tuberculosis Control, and through reciprocal arrangements with the Manitoba Sanatorium Board, the City and the Board are now conducting many Tuberculosis surveys amongst various industries and other groups within Greater Winnipeg. This is an attempt to locate early cases of Tuberculosis in order that they may be brought under treatment and be prevented from spreading the disease.

Early in the year, a check-up of the statistics in respect to Venereal Disease indicated that there was a definite rise in the Venereal Disease attack rate, particularly amongst our civilian population, and many meetings were held amongst those concerned with this problem, to try to establish better control, particularly as this applied to spreaders of the disease. On or about the same time, the Department of National Defence (Army), decided that it would be advantageous to appoint a Venereal Disease Control Officer, and this appointment was made in the person of Lieutenant-Colonel Williams, who previous to his appointment was Venereal Disease Control Officer in the Province of British Columbia. Colonel Williams visited the Province on several occasions, and through the joint endeavors of the Army personnel and the Provincial Department, a complete reorganization of control efforts in respect to this disease was inaugurated. The main features of the control programme were in connection with the location and bringing under treatment of alleged sources of infection. In order to accomplish this, it was necessary to revise Provincial Legislation in respect to Venereal Disease, giving much greater authority to the Minister to apprehend and bring in for examination persons who were given as a source of infection. This legislation seems to be working extremely well, and if the present efforts continue, there should be a much better control of sources of infection. In order to assist in this effort, the Council of Social Agencies of Greater Winnipeg appointed a Civilian Protection Committee, the duties of this Committee being to survey the whole situation, and set up the necessary sub-committees to assist the

Provincial and Local authorities in their efforts. Two main features of attack are being opened: First, a widespread campaign of public education in respect to Venereal Diseases, and this will be inaugurated the latter part of the year through the Young Men's Section of the Board of Trade, both in the City of Winnipeg, and in other sections of the Province where such education might be thought desirable; the second main object of the Civilian Protection Committee will be to canvass ways and means of providing such facilities as may be necessary to provide decent housing and recreational activities for the young people coming to Greater Winnipeg seeking employment. The Federal Government has increased the grant to the various Provinces for Venereal Disease Control work, and the money so obtained has to be used for new efforts in this connection. In Manitoba, the first necessity seems to be to obtain more specially trained workers for following up alleged sources of infection, and persons who were under treatment but were not reporting as required. With this end in view, there was established for the whole of Canada, a special course at the Montreal School of Social Work, and at the present time there are three Public Health Nurses from this Province at Montreal taking this course: one from the City of Winnipeg Department of Health, and two from the Provincial Department of Health. They will return to Manitoba to increase our personnel in this field on or about the first of November.

The newly-organized Health Officers' Association of Manitoba, in conjunction with the Provincial Department of Health, set up a minimum standard of public health services for rural parts of the Province, services which would be rendered by the local Health Officer, providing he was paid a reasonable salary as set out in the standard. It is very satisfying to note that a great many rural municipalities have accepted this minimum standard, and we feel sure that a great many more municipalities would have done so if medical personnel for this purpose had been available in rural Manitoba. This one action alone, we believe, has justified the formation of the Health Officers' Association.

The Manitoba Association of Registered Nurses in surveying the needs in respect to nursing in the Province, decided that it appeared to be absolutely essential to provide some post-graduate training for nurses in the fields of hospital administration nurses training, and public health nursing, and with funds made available by the Federal Government through the Canadian Association of Registered Nurses, there has been established this year post-graduate courses in these fields under the auspices of the University of Manitoba. Although it is a wartime measure only, we feel that it will help to fill the gap in the specially trained nursing personnel in the Province, and should provide valuable information as to what is needed for a permanent post-graduate school of nursing.

For many years the Dean of the Faculty of Medicine, Doctor Mathers, has been canvassing ways and means of trying to improve the teaching of Preventive Medicine and Public Health to undergraduates at the Medical School. Some two years ago, the Rockefeller Foundation indicated their willingness to contribute a substantial sum of money to assist in this project, and during the year there has been set up in the Faculty of Medicine, on a full-time basis, a Chair in Preventive Medicine. In order to get the plan inaugurated, the Department of Health and Public Welfare loaned to the Faculty of Medicine, Doctor Maxwell Bowman, Provincial Epidemiologist. The course is now well organized, and at the completion of this year there will be integrated throughout the whole Medical Course a reasonably satisfactory plan for the teaching of Public Health and Preventive Medicine. In our opinion, this is one of the most important advances made in the course of many years in this Province in the promotion of Preventive Medicine and Public Health, because all public health officials realize that the most important contributions can be made in this field by the general practitioner of medicine.

The Hospital Commission established last year in conformity with one of the recommendations of the Buck report, has almost

completed its task, and it is expected that a completed report on the hospital situation in the Province of Manitoba will be presented to the Government in the course of the next few months. From information already available, it would appear that this survey will give a complete picture of the present situation as it applies to hospitalization in this Province, and will indicate ways and means by which this may be improved and the hospitals supplying the services placed in a better financial position. A study has been conducted under the auspices of the Welfare Supervision Board and the Executive Officer of the study group is Doctor Hugh Malcolmson, who has been loaned to the Commission by the Department of Health and Public Welfare.

During the year, the Bureau of Industrial Hygiene which was established in 1942, has continued to function very satisfactorily, despite the difficulty in obtaining a permanent medical director. We are fortunate, indeed, in having in this Department on loan from the Department of Pensions and National Health, an exceedingly well-qualified chemist, and the work which is being done in war industries particularly, has been of the greatest value in limiting to the minimum, the hazards of the wartime production. It is hoped that as personnel becomes available for this work, it will be expanded to include ultimately all peacetime industry. The Division of Local Health Services which was established last year, has continued to lay plans for a complete coverage of the Province with full-time health services as and when personnel and funds become available for this purpose. Under the present suggested plan of health insurance now being considered at Ottawa, this becomes an integral part of a programme of medical care for the Canadian people. Latest indications point to the fact that the legislation now under consideration is likely to come up before the Federal House in somewhat amended form during the course of the next session.

Altogether, it has been a very busy year for all Health Departments, and officials in the Provincial and Municipal Health Departments have worked in close co-ordination with His Majesty's Forces and tried in every way possible to assist them in the prosecution of the war by making available to them all facilities in the Public Health field in Manitoba.

All of which is respectfully submitted.

F. W. Jackson,

Chairman.

Report of Extra Mural Committee

To the President and Executive of
The Manitoba Medical Association:

The activity of this Committee has been curtailed during the past year due to the added burden of war activities.

The following meetings were held:

Brandon District Medical Society, Dec. 10, 1942. Speakers: Doctors W. F. Abbott and D. C. Aikenhead.

North Western Medical Society, Aug., 1942. Speaker: Doctor N. J. McLean. June 9, 1943. Speakers: Lt.-Col. Lynn Gunn and Dr. A. Deacon.

North Western Medical and Brandon District Societies, July 31st, 1943. Speaker: Dr. A. Hollenberg.

To the College of Physicians and Surgeons of Manitoba we extend our sincere thanks for the grant towards defraying the travelling expenses of the various speakers and we hope that they will see fit to continue this annual contribution.

Your Committee extends thanks to the various speakers who contributed medical papers during the year.

Respectfully submitted.

C. W. Burns,

Chairman,
Extra Mural Committee.

Report of Editorial Committee

To the President and Executive of
The Manitoba Medical Association:

The Editorial Committee begs to report as follows:

War conditions have made it more difficult to secure clinical articles for publication. Provincial and national health insurance schemes have been featured. A series of editorials and articles on therapeutics was printed. Dr. J. C. Hossack continued his popular "Winnipeg Medical Society Notice Board." Personal notes, obituaries, editorials, abstracts, case reports, public health information and news of medical societies made up the balance.

Contributions, of clinical or personal interest, solicited.

The Review continues to be self-supporting and the financial position is detailed in the report of the Honorary Treasurer.

The Editorial Committee wishes to place on record its thanks to all who contributed papers, to the staff, the printers, and the business manager.

Respectfully submitted.

F. G. Allison

Editor and Chairman,
Editorial Committee, Manitoba Medical Review.

Report of Maternal Mortality Committee

To the President and Executive of
The Manitoba Medical Association:

There were 15,362 live births in the Province of Manitoba during the year 1942, with a total of 39 maternal deaths, a maternal death rate of 2.4 per 1000. This compares favorably with the maternal death rate of 3.1 during 1941. 14 deaths occurred in private homes and 25 in hospital. The causes of death were as follows:

Toxaemia	11
Infection	10
Abortion	7
Hemorrhage	6
Unspecified	3
Ectopic	2
	—
	39

Toxaemia of pregnancy again heads the list as cause of death.

It is the hope of this Committee that the Canadian Medical Association will adopt and implement the minimum standard of prenatal care as laid down by the Central Committee of Maternal Welfare. If this is done, it should constitute the most important attack on the first cause of death.

All of which is respectfully submitted.

F. G. McGuinness,

Chairman,
Maternal Mortality Committee.

Report of National Contributory Health Insurance Committee

To the President and Executive of
The Manitoba Medical Association:

At an Executive Meeting of the Manitoba Division of the Canadian Medical Association, held in the Medical Arts Building, in May, a Committee was set up to study National Contributory Health Insurance and bring in a report upon its findings at the Annual Meeting in September. This Committee was comprised of two representatives from each District Medical Society, plus two members from the Winnipeg Medical Society and the Manitoba Medical Association.

On account of the distance involved in rural members coming to Winnipeg and the fact that these busy men could ill afford the time away from their practice, only two meetings of the Committee were held.

The first fact which confronted us was the number of unknown factors to be considered in National Health Insurance. Someone has said that the scheme would be a revolution in medicine. Your Committee, with this in mind, believed that within the relatively short space of time at its disposal before reporting, it could not solve all the problems which must be met before the scheme goes into operation. Therefore, your Committee begs to submit certain broad and basic principles which it considered essential in the successful setting up of a form of National Health Insurance.

Details, such as capitation vs. fee for service, and the interpretation of what constitutes a general practitioner and a specialist, were not touched upon. This was due to the fact that these questions have not yet been defined by the Canadian Medical Association and until the parent body offers some guidance in these matters your Committee did not wish to offer any recommendations.

The Committee is particularly indebted to Dr. Adam Menzies of Morden, upon whose timely letter all our recommendations are based. At its last meeting the Committee's sincere appreciation to Dr. Menzies was unanimously expressed in the following resolution:

"This Committee voices its sincere appreciation of the time devoted to the subject of Health Insurance and the masterful presentation that has been made before the Committee by Dr. Menzies. It is evident that he has covered the subject very thoroughly and that he must have devoted a great deal of time to the matter."

On behalf of the Committee to study National Health Insurance, the following resolutions were passed unanimously:—

- (a) That in the National Health Scheme provision should be made for the services of Physicians and Surgeons, Nurses and Ancillary Personnel.
- (b) That provision must be made for the instruction of the personnel who are to operate these services, and such provision to include both pregraduate and postgraduate instruction.
- (c) That grants from Dominion Government for Research are most essential.
- (d) That education of the public to the realization that Health is something to be earned is essential. The basis of the health of the next generation depends upon how we as parents care for our children today. Medical services without the informed co-operation of the public may be largely wasted.
- (e) That the guiding principle be that the services of the National Health Insurance Scheme should be brought to the people, rather than the bringing of the people to the services, realizing, of course, that there are limits to the application of this principle.
- (f) That in the use of semi-private and private wards, the principle should be established that, regardless of their ability to pay, patients, because of serious illness, be isolated, or, in other words, the quietness of a private or semi-private ward be available, and, in regard to the use of patients for clinical material for the teaching of medical students, nurses, etc., the principle should be established that all patients in a teaching hospital should be available, regardless of whether they are in public, semi-private, or private wards.
- (g) That all Universities, teaching or engaged in the instruction of the personnel of the Health Service, as under paragraph (b), should have available, from some source, monies sufficient:
 - (1) to cover the expenses of the teaching of that personnel;
 - (2) to enable them to grant a subsidy to the teaching hospitals which are associated with the University in teaching that personnel;

(3) for research carried on, either in the University or controlled by the University in association with the National Research Council.

- (h) That a Teaching Hospital, to function properly, must, of necessity, have a closed medical staff.
- (i) That we would agree with the principle of the establishment of Health Centres, that is, a hospital of 100 beds, say with a full-time Pathologist, Bacteriologist, and X-Ray man, a personnel trained to care for the sick in its territory and be responsible for the sanitary and preventative medical work of the district.

(j) Revolutionary Changes in Modern Medical Practice:

The failure of the public to realize the revolutionary changes which have occurred in the practice of medicine during the past forty years. Many visualize a doctor travelling from house to house attending patients with diphtheria, scarlet fever, pneumonia, typhoid fever . . . and most maternity work done in the home. Due to better sanitation, increased knowledge, the use of immunizing sera, today a doctor spends little time attending patients in the home suffering from infectious diseases. Maternity cases come to (where available) small hospitals for confinement. With this radical change in the type of rural practice during the past four decades, many lay people still fail to grasp the essential factor that a properly equipped office is the physician's most valuable asset and the office is the proper place to examine all patients, except the bedfast sick.

As Convenor of this Committee, I wish to thank all members for their combined interest and co-operation.

Respectfully submitted.

D. C. Aikenhead,

Chairman.

Addition to Report on National Contributory Health Insurance

Due to a misunderstanding in the time of the last meeting of the Committee, Drs. P. H. McNulty and A. Hollenberg missed a portion of the proceedings. The following resolutions have not been passed by the full Committee but are added as representing the views of Doctors McNulty and Hollenberg and members of the Committee:—

1. The cardinal principle that we, this body, recommend is that in the National Insurance Scheme, the status quo of the practice of medicine in this Province should be maintained, and by the status quo, we particularly refer, first, to the freedom of choice of doctor; second, freedom of the doctor to do whatever in medicine and surgery he is competent to do and has done up until now.
2. That every hospital in this Province of Manitoba shall be an open hospital to every registered practitioner for the carrying on of that work that he is qualified to do.
3. That teaching hospitals shall receive an extra grant to cover the additional expense incurred in the scientific study of such patients as are to be used for teaching.
4. That all patients in a teaching hospital shall be encouraged by their respective physicians or surgeons to submit themselves for teaching purposes, and that the teachers in such hospitals shall act as consultants to attending doctors upon any cases which are suitable for teaching, without remuneration.
5. That all medical practitioners in this Province have the privilege to and must designate themselves either as "General Practitioner" or "Specialist," and must also, if designated as "Specialist," name their field of specialty. When the doctor

designates himself as a Specialist he should receive a greater fee for the work done than the General Practitioner would receive for the same work. Should a Specialist at any time go outside his field in competition with the General Practitioner he be reduced to the rank of a General Practitioner by the governing body, and all extra fees he has received during the preceding six months, by virtue of being classified as a Specialist, be forfeited.

Any doctor who designates himself as a Specialist may revert to the status of a General Practitioner on giving six months notice to the governing body. Similarly, any General Practitioner may elevate himself to a Specialist by giving six months notice to the governing body.

6. That Health Centres for preventative medicine, diagnosis, and treatment, shall be set up at strategic points within the Province when requested by a majority of medical men practicing within the given area, but not set up haphazardly and without due regard to the right of practitioners to group themselves into a clinical body, as private practitioners, for that same purpose.

Report of Divisional Advisory Committee, Manitoba, Canadian Medical Procurement and Assignment Board

*To the President and Executive of
The Manitoba Medical Association:*

During the year 1942 this Committee has functioned largely with routine matters as in previous years.

In the spring of this year a new survey was authorized by the Minister of National Defence. Field Secretaries were chosen from Army, Navy and Air Force to assist in this complete census of medical manpower of Canada.

Squadron Leader I. Murray Cleghorn was appointed Field Secretary for our district and it is to him that the success of our survey is largely due. The results of this survey have been submitted to the Central Board in Ottawa, the results of which have not been released for publication.

All of which is respectfully submitted.

*F. G. McGuinness,
Chairman
Medical Advisory Committee.*

Report of Membership Committee

*To the President and Executive of
The Manitoba Medical Association:*

Your Membership Committee begs to report as follows:

Up to September 6th total paid-up membership in the Canadian Medical Association and its Manitoba Division was 347, which we are pleased to report is an increase in paid-up membership of 64 over the same date in 1942.

This increase in membership is due very largely to the untiring efforts of the members of your Committee, especially in country districts, who have been very faithful in endeavoring to secure a 100% enrolment.

The total number of registered practitioners with the College of Physicians and Surgeons as at this date is 518. Of this number thirty have retired from active practice, are honorary members, or have resigned from the Association, leaving a total potential membership of 478, which reduces our percentage of active members to about 73%.

Your Committee would like to submit that, while this increase is in the right direction, it does not sufficiently represent the wholehearted co-operation of all men practicing in the Province, especially in these days of Health Insurance where every other

agency seems to be exerting its utmost to influence the Government in its own interests, irrespective of the effect on medical practice.

Your Committee would also like to point out that, although our membership has increased, our revenues have not, as each member this year pays only \$7.00 to the Provincial Association in place of \$10.00 as formerly. This difference, you will probably have observed, is reflected in the financial statement.

To all of those who assisted in increasing our membership we express our sincere thanks.

All of which is respectfully submitted.

W. G. Beaton

Chairman,
Membership Committee.

Report of Education Committee

*To the President and Executive of
The Manitoba Medical Association:*

No matters were referred to the Education Committee during the year, and there were no meetings.

It will be of interest for the members to know that the Medical Faculty has continued with the acceleration of the medical course made necessary by war demands, and that generally speaking the school was in operation fifty weeks in the past year. The output of graduate physicians has been speeded up, but there has been evidence of some bad effects on students' health. The increased teaching burden has been exceedingly wearing on instructors and in spite of efforts to prevent it, it seems likely that there has been some deterioration of standards. It is the opinion of all medical school authorities in Canada that the accelerated program should be terminated as soon as it is possible to do so.

Assistance from the Rockefeller Foundation has made possible the initiation of a department of Social and Preventive Medicine—a step dictated by the present and prospective changes in Medical Practice.

As at April 15, 1943, a total of 442 graduates of the Medical School had entered one or other of the services. This equals over 26% of all living graduates.

*A. T. Mathers,
Chairman*

For Sale

One Victor Varico Frequency Diathermy Apparatus, equipped for medical diathermy and Electro Surgery. Mounted in metal cabinet with complete assortment of electrodes. 110 Volts; 60 Cycle A.C. In excellent condition. Looks like new. Bargain at \$75.00.

One Victor Air Cooled Ultra Violet Lamp. 110 Volts; 60 Cycle. Excellent condition. \$100.00. For further particulars, apply to Mrs. A. J. Davidson, 1293 Wolseley Ave.

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Editorials and Association Notes

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J. GORDON WHITLEY, *Business Manager*

Annual Subscription - \$2.00

Editorial or other opinion expressed in this Review is not necessarily sanctioned by the Manitoba Medical Association

News of The Annual Meeting

The visiting speakers and the local speakers have departed, leaving a legacy of wise counsel behind them, and a general feeling that this was one of the most outstanding annual meetings of the Manitoba Medical Association. Our thanks are due to the speakers and to those who organized the meeting.

The total registration was 359 and of these 115 attended the Annual Meeting and Dinner. All the reports were passed except those on Health Insurance, which were deferred until an unanimous report could be issued.

It was resolved that a revised constitution of the Association be printed and placed in the hands of each Manitoba doctor.

It was resolved that the Health Officers' standard of fees be recommended, e.g., \$1.00 per school child per year in rural municipalities and 50c in villages and towns.

Dr. C. W. Burns moved that the Executive appoint a committee to review Workmen's Compensation Board schedule of fees. Carried.

After a fitting Presidential Address by Dr. Frank K. Purdie, the result of the election was announced:

Dr. D. C. Aikenhead—President.

Dr. Stuart Schultz—First Vice-President.

Dr. P. H. McNulty—Second Vice-President.

Dr. D. L. Scott—Secretary.

Dr. W. G. Beaton—Treasurer.

Dr. J. R. Martin—Member at Large, Rural.

Dr. A. Hollenberg—Member at Large, City.

A Life Saving Sign

A few months ago a man with very mild mitral disease had some teeth out. He did not bother to mention his heart trouble to the dentist. He began to run a temperature about a week later and eventually developed clubbing, splenic enlargement, anaemia and a positive blood culture, *i.e.*, subacute bacterial endocarditis.

This fatal disease might have been prevented if every dentist had a little sign on his office wall:

Heart Disease

Tooth extraction may cause blood poisoning in patients with valvular or congenital heart disease unless certain precautions are taken. Do not keep your heart disease a secret from your dentist.

This is the fourth such case seen by the writer in three years. The precautions recommended are: 1. Avoidance of extraction, if possible, by regular care of the teeth and gums. 2. Preoperative treatment of the gums. 3. Intravenous injection by a doctor of three grams of sulfapyridine immediately before the extraction. This compound is more lethal to viridans strains than other sulfa drugs (Am. J. Med. Sc. 1942, p.577). If this is not possible, 45 grains of sulfapyridine by mouth three hours before extraction. 4. Dusting of sulfanilamide into the socket after extraction (no packing).

The normal transient viridans bacteremia after tooth extraction (Lancet 1935, 229 p. 869) is of no consequence except in patients with valvular or congenital heart disease where the streptococcus viridans is apt to find lodgment on the abnormal valves and defy all attempts at eviction. These cases are the more pathetic as it is the milder cases of valvular heart disease who are particularly subject to this infection. Tooth extraction is not the only exciting cause of this disease, but it must be the exciting cause of many hundreds of preventable deaths on this continent each year.

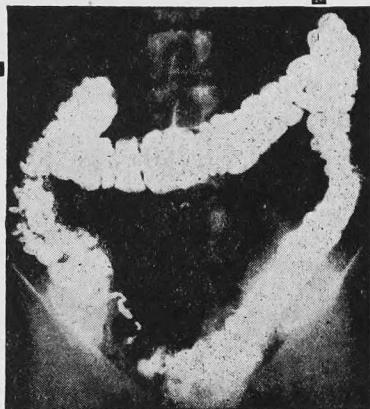
When a doctor is consulted by a patient with rheumatic or congenital heart disease one of his most important duties is to warn of the danger of tooth extraction.

F.G.A.

Obituaries

Dr. Maurice Ray Fargey died on September 1st at Manitoba Sanitorium, Ninette, aged 36. He graduated in Medicine from the University of Manitoba in 1933 and served his internship in St. Boniface Hospital, after which he practiced at Bowsman River, Manitoba. He is survived by his widow and a daughter. Burial took place at La Riviere, Man.

Results of Extensive Studies of Research on the Use of Bran



X-ray of barium meal in the colon where laxative effect is primarily exerted. Observations indicate that KELLOGG'S ALL-BRAN does not interfere with normal digestive processes in the stomach or small intestines.

RECENTLY reported developments in research as to the mode of laxative operation of ALL-BRAN added to unrestricted and uncontrolled diets are of considerable interest. Evaluations by the use of measuring methods that have been found consistently reliable indicate that:

- When bran is added to the diet a desirable change takes place in the waste material—it becomes bulkier and softer.¹
- Bran exerts its laxative effect primarily in the colon; it does not interfere with normal processes of digestion in the stomach or small intestine.²
- Bran has little effect on the emptying time of the colon when this emptying time is as it should be. But among subjects with a delayed emptying time, bran has a distinct accelerating effect.²
- It is not necessary to control rigidly the quantity of bran eaten, as 2 ounces (double the usual cereal serving) eaten daily does not result in a corresponding increase in laxation.³
- Bran eaten every day for an extended period of time has no adverse effects on normal intestines; its continued use does not lessen or increase its laxative effect.³

1 "Mode of Action of Bran," Journal of Laboratory and Clinical Medicine, August, 1941.

2 "Roentgen Study of Intestinal Motility as Influenced by Bran," The Journal of the American Medical Association, February 3, 1940.

3 "Effect of Long-Continued Consumption of Bran by Normal Men," Journal of American Dietetic Association, April, 1942.

Dr. Angus T. Condell

Dr. Angus T. Condell, county coroner for the past thirty years, died at his residence in Brandon September 14. Born in 1869 at Benaron, Ontario he taught school in Ontario, then came to the North West Territories at the age of 24. In 1899 he graduated in Arts from Manitoba College and in 1902 obtained his degree in Medicine. He went to Brandon and practised there continuously. He is survived by his widow, one son who is in the R.C.A.F., and one daughter.

Golf Tournament Results

The Annual Manitoba Medical Association Golf Tournament was held over the Niakwa Country Club course on Wednesday, September 22nd. Considering that the sky was overcast and rain threatened, the attendance was good and a friendly nip-and-tuck battle for the Association trophy was enjoyed by all.

Dr. N. W. Warner and Dr. J. S. McInnes tied for top honours with a net 75. Arrangements for the play-off have been made. Dr. Digby Wheeler, playing on his own clover carpeted pasture, was the low gross shot-maker, carding an 86.

The Golf Committee wishes to thank Dr. W. E. R. Coad for his kindly assistance in acting as tallymaster.

Warner, N.	-	-	90—15=75
McInnes, J. S.	-	-	92—17=75
Wheeler, D.	-	-	86—10=76
Bracken, A. D.	-	-	91—15=76
Musgrove, W. W.	-	94—18=76	
Matheson, J. M.	-	-	93—14=79
McQueen, J. D.	-	-	99—19=80
Thomas, A. N.	-	-	100—20=80
Cruise, J. T.	-	-	106—26=80
Gardner, W. A.	-	-	108—28=80
Toni, Stephen	-	-	106—25=81
Bachynski, V. F.	-	-	103—21=82
Tass, David	-	-	104—22=82
Edmison, H. M.	-	-	109—27=82
Jones, E. A. J.	-	-	108—25=83
Alexander, E. H.	-	-	105—21=84
Chown, Gordon	-	-	107—22=85
Swan, R. R.	-	-	104—18=86
Potoski, M.	-	-	104—18=86
Kitchen, H. D.	-	-	118—30=88
Young, F. A.	-	-	109—20=89
Stewart, C. B.	-	-	115—25=90
Boyd, W. J.	-	-	124—30=94

Extracts from Proposed Bill for National Contributory Health Insurance

Department Proposals for a Plan of National Contributory Health Insurance, Public Health, the Prevention of Disease, and Other Matters Related Thereto, for Consideration of Parliamentary Committee

It is considered by the Department that in order to facilitate consideration by a Parliamentary or any other Committee, the total results of the study so far given to these subjects might be submitted in the form of a draft Bill with the necessary Schedules. The draft Bill is complete except as to matters relating to costs but the formula therein contained is intended to operate under any plan of distribution of costs that may eventually be decided upon. It is clearly understood that the draft Bill has not been introduced into Parliament to date. The following are extracts from the draft Bill of interest to the medical profession:

Persons Qualified to Receive Benefits

3. (1) Subject to the provisions of this Act, all persons who have their normal place of residence in the province, and in whose case the requirements of this Act are complied with by them or on their behalf, shall be qualified to receive the benefits of health insurance conferred by this Act for themselves and for any children under the prescribed age of whom they have for the time being the care and control.

(2) Any person who is entitled to the benefit of health insurance as aforesaid may be referred to as a "qualified person."

Contributors

5. (1) Subject to the provisions of this Act, all persons who are employed in any of the employments specified in Schedule B to this Act, shall, while so employed, contribute hereunder as employed persons.

(2) All persons employed as aforesaid may be referred to as "employed persons" and all persons who contribute as employed persons may be referred to as "employed contributors."

(3) All persons required to contribute hereunder otherwise than as employed persons shall be assessed yearly, in the manner provided by this Act, for the amount they are to contribute, and all persons who contribute as assessed persons may be referred to as "assessed contributors."

(4) If any employed contributor, or any assessed contributor, has dependent on him for support any person, other than a child referred to in subsection (1) of section 3, he shall be liable to pay the contribution of that person, as set forth in Schedule A to this Act, for any part of the year for which the contribution of that person is not otherwise paid; but if in any case partial dependency is established, a proportion of

the aforesaid contribution shall be payable by the said contributor equal to the proportion in which he supports the said person.

(5) Unless it is otherwise established in any case, the wife or husband of any contributor shall, for the purpose of this section, be deemed to be fully dependent on that contributor for support.

(6) Notwithstanding anything in this Act contained, no contribution shall be required to be made by or on behalf of a child under the prescribed age except contributions required to be made thereunder by or on behalf of any such child as an employed person.

6. (1) Any person who contributes for a part of any year as an employed contributor shall contribute for the remainder of that year as an assessed contributor, and if any person contributes hereunder for any portion of a year both as an assessed contributor and as an employed contributor, a refund shall be made to him of the amount of the contributions paid by him as an assessed contributor for the aforesaid portion of the year or the said amount may be applied to pay any contribution of any person who is dependent on him and for whom he is liable to make contribution as aforesaid.

Medical, Surgical and Obstetrical Benefits

28. (1) For the purpose of administering medical, surgical, and obstetrical benefit, the Commission shall, in accordance with regulations made hereunder, make arrangements therefor with practitioners in medicine, surgery and obstetrics who are regularly qualified, duly licensed and in good standing in the province (in this Act referred to as "Medical Practitioners" or "Medical Advisers" as the circumstances may require, including specialists and consultants in medical, surgical, and obstetrical diagnosis, treatment, and procedures.

(2) The regulations and arrangements aforesaid shall be such as to secure that qualified persons shall, subject to the provisions of this Act, receive from medical practitioners with whom arrangements are so made all such adequate measures for the prevention of disease, and all such proper, necessary and adequate medical, surgical and obstetrical treatment, attendance and advice as may be prescribed, and the said regulations and arrangements shall, subject to such terms and limitations as may be included therein, be such as to secure

(a) The preparation and publication of lists of medical practitioners who have agreed to attend, treat

- and advise qualified persons, and the class or classes of service each such practitioner is qualified and prepared to provide;
- (b) The right on the part of any medical practitioner as aforesaid who is desirous of being included in any such list of being so included on making application to that effect in the prescribed manner;
- (c) the right on the part of any qualified person, not being a child as hereinafter in this paragraph referred to, of selecting, at such times as may be prescribed, from the appropriate list the medical practitioner by whom he wishes himself to be attended, treated and advised, and of selecting in like manner the medical practitioner by whom he wishes any qualified child under the prescribed age, of whom he has for the time being the care and control, to be attended, treated, and advised, and, subject, in each case to the consent of the medical practitioner so selected, of being attended, treated, and advised by him;
- (d) the right on the part of any qualified person to the services of specialists and consultants, ordinarily after consultation with and on the recommendation of the medical adviser that person may have selected as aforesaid, and the right on the part of that person to select the specialist or consultant, subject to any regulations made in that behalf;
- (e) the distribution among the several medical practitioners whose names are on the lists, so far as practicable under arrangements made by them, of the qualified persons who after due notice have failed to make any selection or who have been refused by the medical practitioner whom they have selected;
- (f) the services of medical practitioners in the prevention of disease and in the conservation of health and physical fitness as provided in the arrangements aforesaid;
- (g) that, in case of an emergency, no medical practitioner shall be entitled to remuneration from the Fund for any service rendered to any qualified person in the performance of which the medical practitioner exceeds his professional competence as shown by the lists as aforesaid;
- (h) that the method or methods of remuneration of medical practitioners and the rate thereof, whether by capitation, by fees, or by salary, or by any combination thereof, or otherwise, shall be such as may be provided for in the arrangements aforesaid with medical practitioners and shall be subject to revision from time to time as may be provided for in the arrangements aforesaid; and
- (i) the keeping of adequate and satisfactory clinical records by medical practitioners as prescribed.

(3) Arrangements with medical practitioners made under the provisions of this section may include arrangements with approved clinics, or groups of medical practitioners practising in co-operation, whereby qualified persons may select any such clinic or group of practitioners in lieu of selecting a medical practitioner as provided in this section.

(4) Regulations shall prescribe

- (a) the rules and procedure to be followed in determining the class or classes of professional services, other than medical practitioner services, which is or are within the competence of each practitioner who is desirous of being included in any list as aforesaid; and
- (b) the classes of services which shall be deemed to be medical practitioner services, either for the province generally or for particular regions or areas thereof, with any modifications therein which may be necessary to meet special circumstances or special cases, or to meet the case of any medical practitioners who do not desire to supply all of the services aforesaid to qualified persons.

The Mead Johnson Vitamin B Complex Award

Nominations are solicited for the 1944 award of \$1,000 established by Mead Johnson and Company to promote researches dealing with the B complex vitamins. The recipient of this award will be chosen by a committee of judges of the American Institute of Nutrition. The award will be given to the laboratory (nonclinical) or clinical research worker in the United States or Canada who, in the opinion of the judges, has published during the calendar year January 1 to December 31 the most meritorious scientific report dealing with the field of the B complex vitamins. While the reward will be given primarily for publication of specific papers, the judges are given considerable latitude in the exercise of their function. If in their judgment circumstances and justice so dictate, it may be recommended that the prize be divided between two or more persons. It may also be recommended that the award be made to a worker for valuable contributions over an extended period but not necessarily representative of a given year. Membership in the American Institute of Nutrition is not a requisite of eligibility for the award.

To be considered by the committee of judges, nominations for this award for work published in 1943 must be received by the secretary, Arthur H. Smith, Ph.D., Wayne University College of Medicine, Detroit, by Jan. 10, 1944. The nominations should be accompanied by such data relative to the nominee and his research as will facilitate the task of the committee of judges in its consideration of the nomination.

Personal Notes and Social News

Dr. Max Wintrobe, formerly professor of Haematology at Johns Hopkins, has been appointed Professor of Medicine at the University of Utah.



Captain and Mrs. W. H. Sparling East celebrated the birth of a son (Stewart Barrington) August 25th, 1943, at the Winnipeg General Hospital.



Dr. John Brace Baker, youngest son of Mr. and Mrs. Charles C. Baker, of Gilbert Plains, was married to Margaret Louise, eldest daughter of Mr. and Mrs. E. Ross Kennedy. After the wedding Dr. and Mrs. Baker left for a short honeymoon in the East.



Dr. and Mrs. George S. Baldry announce the birth of a sister for Kathryn Joan (Janet Elisabeth) at St. Boniface Hospital on August 27th, 1943.



Drs. Harry Coppering and O. C. Trainor attended the seventh biennial meeting of the Canadian hospital council which was held in Ottawa September 9th and 10th.



Drs. Joseph and Elca Graf, of Brandon, celebrated the arrival of a daughter (Veronica Katherine) on September 4th, 1943, at St. Boniface Hospital.



Dr. Ethel Mina Bookhalter has been appointed medical officer of the C.W.A.C., with the rank of Lieutenant.



Capt. R. O. Flett, R.C.A.M.C. (overseas) and Mrs. Flett are receiving congratulations on the birth of a daughter (Dorothy Janet) on September 7th, 1943 at the Winnipeg General Hospital.



Dr. E. W. Montgomery has been appointed chairman of the Provincial Board of Health. Other members of the board are: Drs. M. S. Lougheed, A. F. Menzies, Morden, J. R. Martin, Neepawa.



Captain and Mrs. J. E. Hudson are happy to announce the birth of a daughter (Marilyn Joan) on September 12th, 1943, at the Winnipeg General Hospital.



Dr. and Mrs. J. W. Rennie happily announce the birth of a son at the Winnipeg General Hospital on September 21st, 1943.

Dr. I. M. Cleghorn, recently retired from active military service is now in civilian practice in Winnipeg.



Dr. W. T. Dingle, formerly of Victoria Beach, Man., is now located at Pine Falls, Man.



Dr. J. M. Dugas, formerly of Winnipeg, is now practicing at St. Pierre, Man.



Dr. G. A. Low, recently of Souris, Man., is now located at Transcona, Man.



Dr. C. V. McClelland has moved from Pine Falls, Man., to Transcona, Man.



Dr. G. B. McTavish, formerly with the R.C.A.M.C., has returned to civilian practice.



Dr. J. T. Stirling has retired from active military service and re-entered civilian practice.



Dr. A. R. Taylor, formerly of Winnipeg, has moved to Vancouver, B.C.



Dr. E. C. Barnes, who for almost two and a half decades was superintendent of the Mental Hospital at Selkirk has retired. In the resignation of Dr. Barnes, the province loses a capable and valuable servant. Dr. Barnes has moved to Victoria, B.C.



Dr. and Mrs. S. Zeavin of 896 Garfield Street celebrated their twentieth Wedding anniversary on September 16th. A surprise party by a group of colleagues and friends, high-lighted the occasion.



Dr. E. D. R. Bissett of Pine Falls, Man., has entered the military service.



Bombing Costs

The cost to the Allies of blasting the German city of Hamburg has been estimated at \$346,000,000, and the probable cost of wiping Berlin off the map at six times as much. That is why we must all bear our share of the \$1,200,000,000 objective of the Fifth Victory Loan.

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15 U.S.P. UNITS PER CC.

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Each lot is tested *clinically* for therapeutic activity.

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In most cases initial treatment with one cc. per week is sufficient — for maintenance, one cc. at less frequent intervals is generally adequate.

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Department of Health and Public Welfare

Comparisons Communicable Diseases—Manitoba (Whites Only)

DISEASES	1943		1942		TOTALS	
	July 18 to August 14	June 20 to July 17	July 16 to August 12	June 18 to July 15	Jan. 1 to Aug. 14, '43	Jan. 1 to Aug. 14, '42
Anterior Poliomyelitis.....	1	2	8	6	16	33
Chickenpox.....	42	90	51	127	1119	1508
Diphtheria.....	8	11	13	16	172	133
Diphtheria Carriers.....	....	....	....	1	16	7
Dysentery—Amoebic.....	....	....	....	....	6	....
Dysentery—Bacillary.....	1	1	....	1	8	6
Erysipelas.....	1	4	7	10	42	66
Encephalitis.....	....	1	11	4	4	21
Influenza.....	1	5	1	1	365	176
Measles.....	155	341	47	198	2425	4283
Measles—German.....	4	20	1	9	166	262
Meningococcal Meningitis.....	4	1	3	....	26	19
Mumps.....	77	172	57	104	3075	2650
Ophthalmia Neonatorum.....	....	....	....	....	1	....
Pneumonia—Lobar.....	4	8	4	5	118	84
Puerperal Fever.....	....	....	....	....	1	2
Scarlet Fever.....	42	105	45	75	955	1060
Septic Sore Throat.....	2	3	....	3	31	58
Smallpox.....	....	....	....	....	....	....
Tetanus.....	....	....	....	....	....	1
Trachoma.....	....	....	....	....	2	4
Tuberculosis.....	33	59	44	79	394	346
Typhoid Fever.....	1	1	1	....	19	8
Typhoid Paratyphoid.....	....	3	....	....	3	1
Typhoid Carriers.....	....	....	....	....	1	1
Undulant Fever.....	....	2	2	1	6	8
Whooping Cough.....	72	104	50	32	1458	203
Gonorrhoea.....	121	115	137	95	1174	890
Syphilis.....	32	44	75	31	339	465
Meningitis Carriers.....	....	....	....	....	6	....

POLIOMYELITIS—Although only one case was reported in Manitoba, this disease is quite prevalent in Minnesota.

DIPHTHERIA—Incidence will likely increase from now on. We have already had 39 more cases this year than we had in the comparable period of 1942. There is still ample time this fall to bring your immunization program up to date.

GONORRHOEA—Also shows a considerable increase in the number of cases compared to the same period in 1942. Your co-operation in reporting contacts to this Department should be a part of every physician's War effort.

SMALLPOX—Four more cases in Saskatchewan and one in Minnesota. It can appear in Manitoba.

DEATHS FROM COMMUNICABLE DISEASE July 1943

URBAN—Cancer 60, Pneumonia (other forms) 9, Tuberculosis 7, Pneumonia Lobar 4, Syphilis 3, Influenza 2, Measles 1, Whooping Cough 1, Septicemia (non puerperal) 1. Other deaths under 1 year, 18. Other deaths over 1 year 170. Stillbirths 12. Total 288.

RURAL—Cancer 25, Tuberculosis 18, Pneumonia (other forms) 6, Whooping Cough 3, Diphtheria 2, Influenza 2, Pneumonia Lobar 2, Syphilis 2, Septic Sore Throat 1. Other deaths under 1 year 22. Other deaths over 1 year 138. Stillbirths 12. Total 233.

INDIANS—Tuberculosis 7, Pneumonia (other forms) 2. Other deaths under 1 year 1. Other deaths over 1 year 2. Stillbirths 0. Total 12.

DISEASE	Manitoba July 18-Aug. 14 *737,935	Ontario July 18-Aug. 14 **3,824,734	Saskatchewan July 18-Aug. 14 *905,974	Minnesota July 18-Aug. 14 *2,792,300	North Dakota July 18-Aug. 14 *641,933
Anterior Poliomyelitis	1	4	1	13	2
Meningococcal Meningitis..	4	11	1	3	4
Chickenpox	42	331	88	....	....
Diphtheria	8	6	1	11	1
Erysipelas	1	3	2	....	1
Influenza	1	42	....	3	4
Encephalitis .....	....	....	1	....	5
Measles	155	1200	102	253	174
German Measles	4	55	1	....	....
Mumps	77	293	18	....	26
Scarlet Fever	42	153	35	53	6
Septic Sore Throat	2	11	....	....	....
Smallpox .....	....	....	4	1	....
Trachoma .....	....	....	1	....	3
Tularemia .....	....	1	....	1	2
Tuberculosis	33	190	34	....	50
Typhoid Fever	1	10	....	1	1
Undulant Fever	1	5	....	21	1
Whooping Cough	72	614	129	329	142
Amoebic Dysentery .....	....	....	....	4	....
Bacillary Dysentery	1	....	....	1	....
Rocky Mountain Spotted Fever .....	....	....	....	....	1
Gonorrhoea	121	525	....	....	31
Syphilis	32	571	....	....	23

*Approximate Population.

Department of Health and Public Welfare

Venereal Disease Control Measures

by DR. K. J. BACKMAN,
Director, Division of Venereal Disease Control,
Department of Health and Public Welfare

The Programme

1. Improvement of social conditions within the home.
2. Improvement of social environmental conditions in the community.
3. Education in Venereal diseases and sex hygiene.
4. Abolishment of houses of prostitution.
5. Establishment of clinics for the treatment of venereal diseases and special arrangements for indigent cases in rural districts.
6. A more widespread and general use of blood tests for the detection of syphilis in the general population.
7. "Case finding," to bring under treatment infected individuals, serving as foci in spreading infection.
8. Punitive measures, confined principally to the prosecution of owners and lessors of habitations being used as houses of assignation, of individuals engaged in the exploitation of women for immoral purposes, and of prostitutes who practice sexual intercourse as a means of livelihood.

Strategy

Action is necessary in four sectors—health, welfare, legal and moral, the sectors to be so correlated that the components form an indivisible whole aligned against a common foe.

Sectors

1. Health—Modern medical science and public health procedure; physicians, nurses, health departments, university medical training centres and hospitals.
2. Welfare—Social workers and welfare agencies armed to battle squalor, overcrowding, inanition, neglect and insecurity.
3. Legal—Courts, legal profession and police agencies; seeking out and bringing to justice those who for personal gain purvey to men's weaknesses.
4. Moral—Churches and homes; strengthening the moral fibre of the nation inculcating the moral wisdom of the ages, and upholding the sanctity of marriage and family life.

In Manitoba various public spirited citizens, organizations and agencies are interesting themselves in the venereal disease problem, and have shown a willingness and are preparing to go into battle on all sectors.

Physician's Part

1. Not to accept one negative smear as proof of freedom from Gonorrhoea.

In the past two years the Manitoba and British Columbia Clinics have been giving Sulfathiazole to all alleged sources of gonorrhoeal infection, even though initial smear and culture proved to be negative. The alleged source is first informed of the frequent difficulty of establishing a diagnosis. The possibilities of complications developing if treatment is delayed is also discussed. Almost all cases are willing to start treatment at once. Should they not be willing several further sets of smears and cultures are taken.
2. Report all cases of venereal diseases to the Department of Health and Public Welfare on the regulation report Form 1, out of the "Physicians' Report Book" supplied.
3. Collect and submit on same report form information as to alleged source and contacts. A physician may, of course, do case finding work himself, or if practising in Greater Winnipeg, he may on request have a specially trained nurse from the Provincial Department of Health and Public Welfare do "case finding" or follow up work for him, free of charge, acting under his direction. No information need then be divulged to the Department except for statistical purposes and so that work done may be evaluated.
4. In case a patient lapses from treatment for a period of thirty days, submit Form VI, also from "Physicians' Report Book" to the Provincial Health Department or

In Greater Winnipeg a specially trained nurse will follow up lapsed cases for and under a physician's direction if requested.
5. Report on community conditions associated with the spreading of venereal disease, termed the Facilitation process. Blank forms for this purpose will be sent to all physicians.

Facilitation Process

This is information on certain civilian community conditions which make it easy (facilitation) for healthy persons to meet infected persons, thereby, contributing to the spread of venereal disease, when this information is obtained it provides the basis for effective action against menacing community conditions.

Patients V.D. report No.

Where was alleged source met?

(Pick up on street, dance hall, hotel, bawdy house, etc. Give details.)

How did patient meet alleged source?

(Introduced by friend, pickup, solicited by contact, introduced by pimp, taxi driver, etc.)

When was alleged source met?

(Give hour and date.)

Where exposure occurred?

(Give name, address of any hotel, rooming house, bawdy house.)

Was charge made? Amount?

Was any payment made to any other person for this exposure?

(For example—rental of room in a rooming house, tip to taxi driver, hotel clerk, etc.)

Any further information re exposure?

Signature M.D.

Date

Confidential Nature of Information

The information the patient supplies regarding the alleged source or contact to his infection is kept confidential. The identity of the patient is not revealed to the alleged source or contact named.

Recent Additional Services Available

1. A specially trained nurse for venereal disease follow-up and case-finding work in Greater Winnipeg, to do confidential work for and under the direction of any physician upon request.

It is to be distinctly understood that with this service no information will be divulged by the nurse to the Health Department, except for statistical purposes, and so that work done may be evaluated. The names of patients or alleged sources or contacts are with this service, not revealed to the Health Department.

2. Free sulphathiazole tablets are supplied for indigent patients, where there are no facilities for free treatment outside of Greater Winnipeg. The attending physician submits the venereal disease report form and also a request for sulphathiazole and a statement that the patient is indigent.
3. A specially trained nurse will work in rural areas where and when special problems arise helping personnel now doing part-time venereal disease follow-up and case-finding work.

K. J. Backman, M.D.

Should Victory Come Tomorrow

If, for some unexpected reason, victory should come tomorrow would it find each of us ready to join in joyful and solemn celebration? Would we be with those thanking God for safe return of loved ones and for our own survival? Or would we be with the few who were glad only because it was all over and they had not been called upon to serve, had made no great sacrifice in their daily living, had not been hurt in any way?

When the armistice finally comes there will suddenly be some very unhappy people. Not unhappy because the war is over but because it has dragged through its course without their having made the contribution required of every man, woman and child. There is no way of measuring just what each person's contribution should be. For some it is sons and daughters, for some unremitting toil, for some long, unpaid hours at labors of love, and for others the high gift of life itself. Against these things the lending of money at secure rates of interest may not seem very noble. The truth is, however, that it is a very important way of assisting and one which our country cannot well do without.

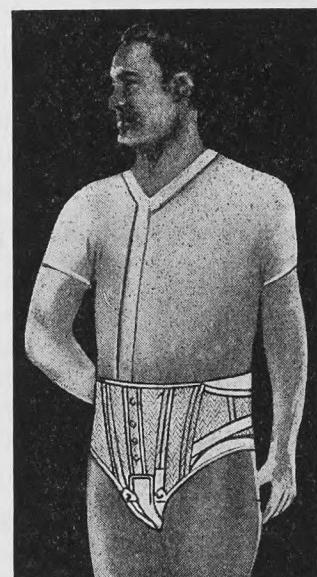
Canada's Fifth Victory Loan has as its minimum objective the raising of \$1,200,000,000, or more than \$100 from every individual. There are many who are unable to subscribe anything, so it is up to the rest of us to lend all we possibly can, both with cash and on the instalment plan. Then, should the enemy be subdued sooner than hoped, we should at least know that we had done our part in backing our fighting men and materially helping to SPEED THE VICTORY!

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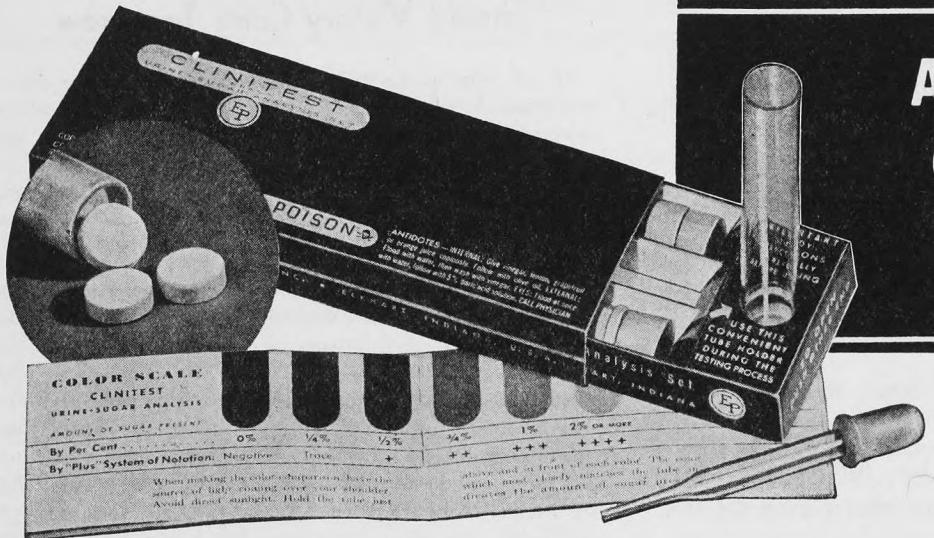
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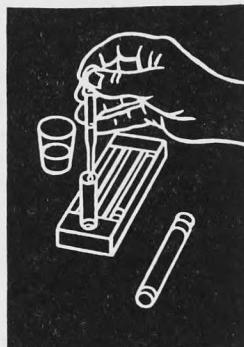
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MEETINGS

Third Friday, each month

Next Meeting**October 15th**

MEETINGS

Start exactly at 8:15 p.m.

NOTICE BOARD

Major Strong, our new O.C., opened his campaign with a parachute attack. There was a film on Parachute Training; Capt. Hyndman and Capt. Begg of the Canadian Parachute Training School, spoke respectively on "Parachute Injuries" and "Problems of Night Vision and Motion Sickness," while Major Atkinson dealt with "Psychiatric Problems of Parachute Training." All of which was very interesting to a large audience.

For October, Dr. Bruce Chown informs me, the speaker will be Rev. J. S. Mathieson, and his subject: "China During Six Years of War." Mr. Mathieson has spent 17 years in China and was sufficiently persona grata to the Japanese that he was allowed to pass freely between the two countries.

I have had several letters from our overseas members, for the most part brief notes thanking us for our parcels, but I had a longer one from Lawrence Coke and one from George Evoy. Coke's letter was dated July 26, and came from North Africa. He and his English messmates got their greatest kick out of the Manitoba honey we sent. Coke has been with the R.A.M.C. for four years and he finds it "a source of consternation that while the British doctor is quickly able to adapt himself to Canadian ways the reverse seems to be quite impossible." One infers that he was at El Alamein, for he writes "With the initial advance up to within sight of Bizerta I was cold, muddy and very happy R.M.O. Latterly, when large numbers of casualties were arriving back from the areas I had already seen, I was at the C.C.S. and was able to see them through the most difficult part of their troubles. As many as three hundred casualties were seen and dealt with in twenty-four hours."

He gives a clue to his whereabouts when he writes: "It is very strange that within a short distance of Laveran's home in Constantine should be found one of the world's worst sites for malaria. (Incidentally Laveran discovered the parasites of malaria in 1880 while an army surgeon in Algeria.) "We are within a few miles of the Mediterranean and it is a bad day

when I fail to get a swim, but the heat—temperatures of 114° and upwards—is very trying. He says that fruit, wine and eggs can be got easily enough, but only at terrific prices. Eggs, for example, cost five francs apiece. That is ten cents. I wish we had more letters like Coke's.

George Evoy did not have much to say beyond words of appreciation, but in a letter to Pat McNulty he expressed himself as being strongly in favour of leaving Sicily to the Sicilians. Filth and flies were everywhere in large quantities and, as seems universal in Italy, while the eye was everywhere pleased, the nostrils were continually offended. It is strange that, in the Old World at least, the picturesque and the sanitary are so incompatible. Yet, not even the combination of dust, insects and stench could dull one's interest in the land of the Lotus Eaters. There in miniature you have the history of the Ancient World. The Phoenicians, the Greeks, the Carthaginians, the Romans, the Goths, the Normans, the French, the Spaniards have in turn fought for it, won it and lost it. Indeed, long before any of these were heard of it was the battle ground of the ancient gods against all those who would overthrow them. There is within its narrow compass more history than there is in both the Americas.

Beneath it, says legend, there lies imprisoned the most monstrous creatures brought forth by Gea in the days when the world was young. Typhoeus by name, he was the last desperate resource of the Giants in their struggle with the gods. He was, in the words of Grote, "of such tremendous properties and promise that, had he been allowed to grow into full development, nothing could have prevented him from vanquishing all rivals and becoming supreme," all of which indicates that he was the original Hitler. But there was a Churchill also in those days and Zeus, who played that role, did battle with this father of all aggressors. The earth shook and heaven trembled. The giant's hundred heads vomited flames and Zeus hurled his fiery thunderbolts. The sea, in a turmoil, flashed with reflections of this titanic and terrific artil-

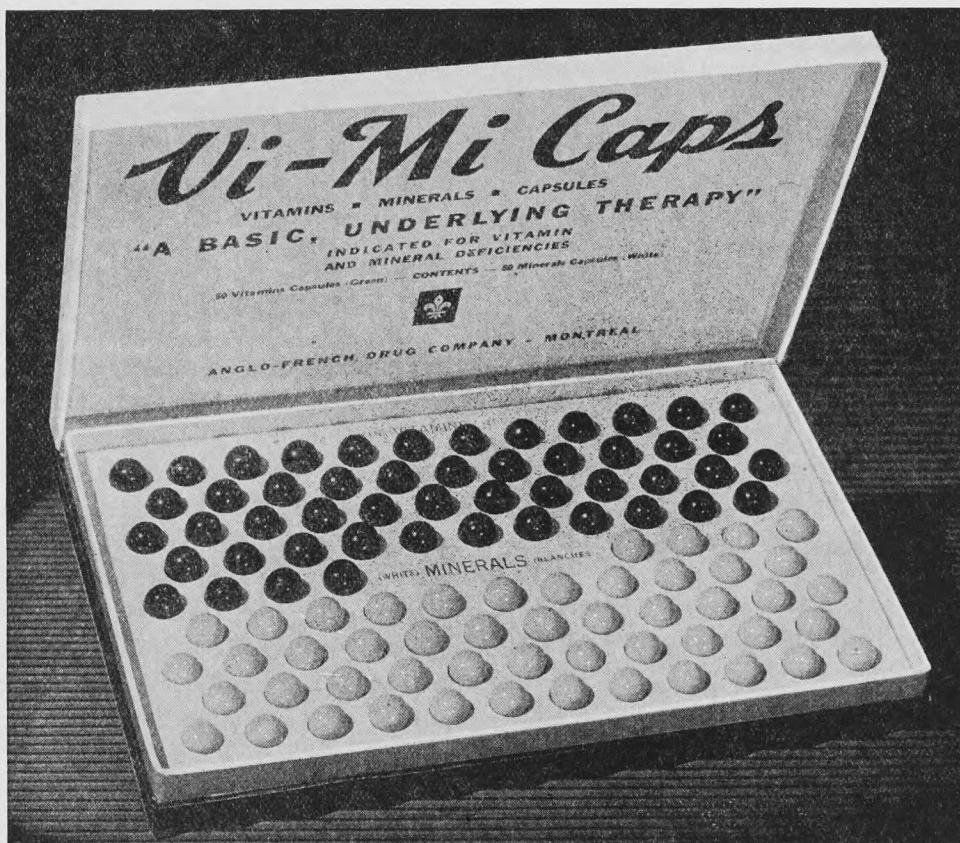
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lery exchange. At last Typhoeus began to falter and Zeus, taking advantage of his weakness, hurled upon him a mass of land. Two of its corners pinned down his arms, the third confined his feet and a spiracle, which we call Etna, was left him through which in his helpless rage he belched forth flames and smoke. Such was the birth of Sicily, and amid scenes strangely similar is she reborn.

Memory stirs at the mention of the old names. Agrigentum, where Phalaris roasted people in a brazen well and where Agathocles roasted them in a hollow iron man with an open visor so that he might not miss the contortions wrought by the agony of roasting upon his victims' features. Then there was Empedocles, whose medical theories were so far-reaching and so long-lasting. A pompous little man, clad in a purple robe, cinctured with gold and crowned with laurel, he practiced with such success that the people swore his skill was supernatural. The idea went to Empedocles' head. Why not let him disappear supernaturally, then he would be given divine honours, just like Aesculapius. So he climbed the slopes of Etna and flung himself into its fires. But, alas! Etna refused to be a party to the deception and, by ejecting a brazen sandal, gave the show away.

It would be interesting to hear the Evoyesque comments as he viewed these ancient scenes. The Vale of Enna which saw the rape of Proserpina; the bubbling spring called Arethusa, which was once a maiden, chaste and chased, and was by this metamorphosis rescued from pursuing Orpheus; the ingenious mechanical gestapo agent called the Ear of Dionysius which picked up the mutinous murmurings of his foes and roared them out in the tyrant's hearing. Poor Dionysius! he was so afraid of barbers (as well he might be) that he "shaved" himself by burning off his beard with hot walnut shells!

There was another Dionysius whose name is more pleasant to contemplate—the young and beardless god of wine—the circumstances of whose birth were amongst the most unique in classical obstetrics.. It would be hard not to think of Dionysius and wine in the little town of Centauripa, for the name Gellias is inseparably linked with it and Gellias, you may remember, had a wine cellar of 300 reservoirs cut in the solid rock and each reservoir held 700 gallons of the finest wine.

And now, having filled my space, I bring to an end this little excursion to the Isle of Minacrium, or Sicily.



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